



FREEDOM MINISTRY APPLICATION

NOTE: IF HANDWRITING, PLEASE PRINT ALL ANSWERS.

Date of Application: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Text Messages: Yes or No

Gender: Male _____ Female: _____ Age: _____

Church Attending: (If CNC, please indicate Lorain or Valley View): _____

Have you received ministry from CNC's Freedom Team in the past? Yes or No If yes, when? _____

Why do you want to receive this ministry? _____

Who referred you to the Freedom Ministry / Sozo Ministry? _____

Do you have any Christian fellowship outside of the Sunday morning fellowship? Yes or No
If not, we strongly recommend you begin attending a Bible Study or small group. We recommend that you share with someone you trust what happened during your ministry time to pray with you and keep you accountable.

Will you be able to and willing to fast and pray one week prior to your Sozo? Yes or No
Fasting is a spiritual discipline of abstaining from something—you may fast a meal a day, fast from watching TV, fast from social media, fast sugars, etc.... Ask the Lord how He would desire you to fast in preparation for your ministry time.

Please choose three days out of the week that might work best for you to have your Freedom Session. We will do our best to accommodate you.

Monday Tuesday Wednesday Thursday Friday Saturday

Please indicate in the space below if there is anything else that you believe would be helpful for your facilitators to know before your scheduled session.

For the value of the time spent ministering to you, there is a suggested donation of \$35.00 for CNC members and \$70.00 for non-members. You may bring the donation with you to your ministry time. If making a check, please make it out to Church on the North Coast.

Once your application is received, it will be processed and you will be contacted by EMAIL to schedule your ministry time. If you have any questions, please email us at freedom@cnclove.org. Thank you.

We are praying for you!!

FREEDOM MINISTRY LIABILITY RELEASE

I, _____, acknowledge that team members from Freedom Ministries at Church on the North Coast have voluntarily agreed to pray for me. I understand that this session is not a professional counseling meeting and that none of the team members are licensed counselors. I understand that these team members, to the best of their ability, are doing what they can to help me achieve more freedom in my life.

I understand that Church on the North Coast is a nonprofit Ohio Corporation that makes no charge for its services. I further state that I have voluntarily sought assistance of my own initiative and that I am under no obligation to accept or reject any of the advice or help that I might receive from the team members of this ministry.

I understand that if I receive ministry from Freedom Ministries, the team is committed to respect the disclosed information, but not to complete confidentiality. The information, as needed, may be shared with other leaders of Freedom Ministries so as to further your total healing process. This may include future meetings with spiritual mentors in the church to set appropriate boundaries for your personal and spiritual growth.

I agree to hold Church on the North Coast and its team members free from any and all liability, loss or damage of any kind, that may arise as a result of assistance which I have received or from my involvement with Church on the North Coast.

Our team members offer biblical spiritual services to anyone who desires them regardless of ability to pay. Although there is no charge for our services, all efforts to build this ministry support and train our team members are paid directly from the donations of those receiving these services. We, therefore, have a suggested donation of \$35.00 or more per visit. Your contributions to this ministry are greatly appreciated because they support our further development. Please make donations payable to Church on the North Coast. If you would like a tax deductible receipt, we will provide you with one in the mail upon request.

Thank you!

I have read this disclaimer and release of liability. I understand and agree with it, and I have executed it as my free and voluntary act.

Please sign and print your name.

Date